

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number V - 108012

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1246		1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing	j .	4. Name, file number, and address of labor organization.			
Name David	Donkin	Name B.A.C. #9 Pa			
		Labor Organization File Number 540-049			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
gradulate of the Property and the Control of the Co	jakan mangan silika di sesekulan sebenjuk dan sejaran arar di n. d				
Street 11408 althea dr		Street 100 Kingston Dr			
City pittsburgh	Martine in Williams and Martine Try Carrier St. Agreement Anna Control of Martine Anna Carrier St. Agreement Anna Carrier St. Agr	City pittsburgh			
State Pennsylvania	ZIP Code + 4 15235	State Pennsylvania ZIP Code + 4 15235			
5. Position in labor organization.	resident	· ·			
Name of the second seco	Alexandron Carrier and Carrier Carrier and Carrier and Carrier and Carrier Car	Supplication of the Control of the C			
Enter appropriate data below If, o		ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):			
A. Held an interest in, engaged in monetary value from an employer.	transactions (including loans) with, or er whose employees your organizat	derived income or other economic benefit of tion represents or is actively seeking to represent.			
6. Name and address of Employer (in	icluding trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:		1			
вашего могре на дорогово но посторогово на посторогово на посторогово на посторого на посторого					
P.O. Box, Bldg., Room No., if any		7.b. Amount			
Street	, was suppossible a stage of the first of the stage of th				
	and the same that we have the same that the	ļ			
City	. W. This Properties are comparable activity to the control of the				
State	ZIP Code + 4	T To and the state of the state			
	Sig	nature			
i submitted in this report (including the	he undersigned declares, under penalty o he information contained in any accompan ef, true, correct, and complete. (See the so	f Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)			
Signed Darl	Doll	on 4-28-06 412-825-0923			
		Date Telephone Number			



Name of Person Filing David Donkin		File Number U- 0801	2		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name highmark Blue Cross Blue Shield Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 120 fifth ave place City pittsburgh State Pennsylvania ZIP Code + 4 15222	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing. service provider to welfare fund				
Name bricklayers masons roofers welfare fund Trade Name, if any: P.O. Box, Bldg., Room No., if any C/O Gem group Street 1200 three gateway center City pittsburgh State Pennsylvania ZIP Code + 4 15222	11.b. Approximate dollar value of such dealing. 12 a. Nature of interest held or income received. attended golf outing by service provider on 8-30-2005 at toms run GC				
	Annual conference and the travery to	/ Constant Land Land Land Land Land Land Land Land			
	12.b. Amount.		And the second s		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name			Manager and a second se		
Trade Name, if any:			indian videolockoo		
P.O. Box, Bldg., Room No., if any			To control of the con		
Street					
City			1 and Andrews		
State ZIP Coce + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		20 - Tay I V WAN I (Prince) and an analysis of the principles of t		

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